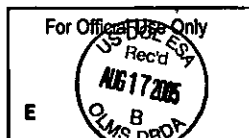


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 933A	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Paul T Sorrow P O Box, Bldg, Room No, if any Street 389 Jaycox Road City Avon Lake State Ohio ZIP Code + 4 44012	4 Name, file number, and address of labor organization Name Brotherhood of Locomotive Engineers and Train Labor Organization File Number 000-101 P O Box, Building and Room Number, if any Mezzanine Street 1370 Ontario Street City Cleveland State Ohio ZIP Code + 4 44113-1702
5 Position in labor organization Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Paul T. Sorrow

On

8/12/2004

Date

440-933-7781

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name United Healthcare

Trade Name, if any

P O Box, Bldg, Room No, if any P.O. Box 150453

Street 450 Columbus Blvd.

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

1/30/2004	Aventura, FL	Golf	\$164 78
1/31/2004	Aventura, FL	Golf	\$164 78
2/1/2004	Aventura, FL	Golf	164 78
2/3/2004	Aventura, FL	Golf	164.78
2/4/2004	Aventura, FL	Golf	164 78

11 b Approximate dollar value of such dealing

\$824

12 a Nature of interest held or income received**12 b Amount.**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**14 b Amount of payment**13 b Is the Business an Employer ☐or Consultant ☒

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